Pennsylvania Department of Health

			STREET ADDRESS,	A. BLDG:00		(X3) DATE SURVI COMPLETED: 07/18/2023		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETI		COMPLETE	
P 0000	This report is the result conducted on July 18, Hospital which include gas, vacuum, and data or of the Interventional Vasthe occupancy survey, was in compliance with of the Pennsylvania Deand Regulations for Holly, Subparts A and B, amended June 1998 and Guidelines for Design and Health Care Facili	General medical room used on me facility irements s Rules e, Part	P 0000					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:		

State Form K02S11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

LANCASTER GENERAL HOSPITAL, THE

STATE LICENSE NUMBER: 120801 SURVEY EXIT DATE: 07/18/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

Jeanne Jaim

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY